

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Docket No: Q96559

Meiten KOH, et al.

Appln. No.: 10/591,860

Group Art Unit: 1713

Confirmation No.: 4402

Examiner: Nicole M. BUIE

Filed: September 6, 2006

For: FUNCTIONAL MATERIAL COMPRISING FLUORINE-CONTAINING COMPOUND

REQUEST FOR REFUND

MAIL STOP 16

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Sir:

Applicant hereby respectfully requests a refund in the amount of \$220.00. This refund is to be credited to Deposit Account No. 19-4880.

An Amendment under 37 C.F.R. § 1.111 was filed January 15, 2009 with a total of four (4) independent claims (claims 1, 6, 7 and 10). As noted on the attached USPTO Fee Determination Record and our Deposit Account Monthly Statement (attached), an additional \$440.00 was charged to our Deposit Account under Fee Code 1201 (independent claims in excess of 3). However, Applicant only filed one (1) additional independent excess claim and not 2 additional independent excess claims as indicated by the USPTO (Applicant believes that the USPTO inadvertently counted claim 13 as independent, however, claim 13 depends from claim 11). Therefore, Applicant requests a refund in the amount of \$220.00.

Applicant hereby respectfully requests a refund in the amount of \$220.00. This refund is to be credited to Deposit Account No. 19-4880.

Respectfully submitted,



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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875					Application or Docket Number 10/591,860		Filing Date 09/06/2006		<input type="checkbox"/> To be Mailed	
APPLICATION AS FILED – PART I										
(Column 1)			(Column 2)		SMALL ENTITY <input type="checkbox"/>		OR		OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)
<input type="checkbox"/> BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A	N/A		N/A		N/A		N/A	
<input type="checkbox"/> SEARCH FEE (37 CFR 1.16(k), (i), or (m))	N/A	N/A	N/A		N/A		N/A		N/A	
<input type="checkbox"/> EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A	N/A		N/A		N/A		N/A	
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*	X \$	=	OR	X \$	=	X \$	=	X \$
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	X \$	=	OR	X \$	=	X \$	=	X \$
<input type="checkbox"/> APPLICATION SIZE FEE (37 CFR 1.16(s)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					OR					
					OR					
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))					OR					
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL		TOTAL		TOTAL
APPLICATION AS AMENDED – PART II										
(Column 1)			(Column 2)		SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
AMENDMENT	01/15/2009	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(i))	* 18	Minus	** 20	=	X \$	=	OR	X \$	=	X \$
Independent (37 CFR 1.16(h))	* 5	Minus	*** 3	=	X \$	=	OR	X \$	=	X \$
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))							OR			
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							OR			
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		TOTAL ADD'L FEE
(Column 1)			(Column 2)		SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(i))	*	Minus	**	=	X \$	=	OR	X \$	=	X \$
Independent (37 CFR 1.16(h))	*	Minus	***	=	X \$	=	OR	X \$	=	X \$
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))							OR			
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							OR			
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		TOTAL ADD'L FEE
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

Legal Instrument Examiner:
/PEGGY YARBOROUGH/

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